



FORM
ORG
(Rev. 5/2012)

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HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2014 ☐ Amended Statement
For Lobbying Reporting Period: ☐ January 1 - last day of February ☒ March 1 - April 30 ☐ May 1 - December 31

ORGANIZATION INFORMATION

Pharmaceutical Research and Manufacturers of America
Organization Name
950 F Street, Suite 300

Kim Martin
Contact Person

Mailing Address (Number and Street or P.O. Box)

Washington

DC

20004

City

State

Zip Code

(916) 233-3480

KMartin@phrma.org

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

	Total Amount
1 Preparation & Distribution of Lobbying Materials	0.00
2 Media Advertising	0.00
3 Postage	0.00
4 Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) List the names of all lobbyists and compensation paid to lobbyists during the statement period	
Lobbyist Name	Compensation Paid
A. William L. Goo	A. 4,000.00*
B.	B.
C.	C.
D.	D.
E.	E.
F.	F.
G. Total from Additional Attached Sheet(s)	G.
Add lines A through G	Total Compensation Paid ▶ 4,000.00
5 Fees Paid to Consultants (other than to Lobbyists)	0.00
6 Entertainment & Events	0.00
7 Receptions, Meals, Food & Beverages	0.00
8 Gifts	0.00
9 Loans	0.00
10 Other Disbursements	0.00
Add lines 1 through 10	Total Expenditures ▶ 4,000.00

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*This sum is based on information provided by Suzuki & Goo, an independent contractor retained by us for lobbying and government affairs representation in Hawaii.

RECEIVED BY U.S. MAIL

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

List all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other (indicate below):
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	Pharmaceutical drugs
			and related matters

I hereby certify that the statements made above are correct and complete to the best of my knowledge


Signature of Authorized Person

Kim Martin

Print Name

5-15-2014
Date

Senior Northwest Regional Director

Title